(3) M	BIRTH NO	ARIZONA STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS						4	STATE	FILE NO.	12081	
) = = = = = = = = = = = = = = = = = = =	BIRTH NO.	CERTIFICATE OF DEATH							REGIS	STRAR'S NO.	22	53
OF DEATH	1. PLACE OF DEATH A. COUNTY	Pima		B. LENGT IN THIS TOWN 7 Yrs.	H OF STAY IN ARIZONA 7 Yrs.	2. USUAI a. sta	TE	NCE Arizo	(WHERE	DECEASED LIV	ENCE BEFORE	
ND	C. CITY OR			1 IN CITY	LIMITS	C. CIT					X IN CITY LIM	IITS
RESIDENCE		acson			CITY LIMITS	TOV	<sup>NN</sup> Ti	ucson			OUTSIDE CI	
	D. FULL NAME OF HOSPITAL OR INSTITUTION H	institution,  1 Center		D. STREET (IF RURAL, GIVE LOCATION) E. IS ADDRESS 5019 E. 1st. Street				RESIDENCE ON A FARM? YES NO 📮				
	DECEASED	(FIRST) belle		ena Middra)	C. (LA	ight	4. S		Color o	v	. MARRIED, NEV VIDOWED, DIVOR	
	6B. NAME OF SPOUSE 7.			DATE OF BIRTH   8. AGE (IN YE			ARS IF UNDER 1 YEAR   IF UNDER			24 HRS. 9A. USUAL O		idow DCCUPATION (GIVE KIND OF
COENT	Orville Knight		MONTH DA	26 1890	TAST BIRTHE	MONTHS	DAYS	HOURS	MIN.	Housew	MOST OF LIFE EVI	EN IF RETIRED)
EDENT	98 KIND OF BUSI.		LACE (STATE	11. CITIZE	N OF WHAT	12. WAS D	ECEASED	EVER IN	U. S. A	RMED FORCES		LSECURITY
ONAL	NESS OR INDUSTRY	or fore IOW 8	IGN COUNTRY)	COUNT	1 1			WAR OR DATES OF SERVICE)			700 li	
ATA	14A. FATHER'S NAME		U.S.A.	NO 15A. MOTHER'S MAIDEN N.					480-03-3284 158. BIRTHPLACE			
	Edward Debe			l	OW &	Mae Ford					IOW	OR COUNTRY)
	16. INFORMANT'S SIGNATURE			ADDF					MONTH) (DAY)			
,	Mrs Chas albrigh	4446	2 C. Bu	Lan - Tu	con this	OF DEAT	гн		12	2	6	,
711	18. CAUSE OF DEATH									INTERVAL	BETWEEN	
LUSE	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).	With the the table far in biseast on complition										Urs
DF	THIS DOES NOT MEAN THE	l Hoppin couplingue in the ATT-PTI OCC LOTOCI C									36 hours	
ATH	MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA,	OF DING, SUCH AS										
M 18),	ETC. IT MEANS THE DISEASE,	CAUSE (A) STATING THE UN-										
" " <i>U</i>	WHICH CAUSED DEATH.  II. OTHER SIGNIFICANT CONDITIONS											
1	CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT PLACE DISEASE CONTRACTED. RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.										Í	
TIONS,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION									20. AUTO	PSY1	
OPSY										<u> </u>	YES [	
ICAL-3	21. I HEREBY CERTIFY		61.				10	Dec.		64, THAT I	LAST SAW THE	DECEASED
CATION	22A. SIGNATURE									THE DATE STAT	ED ABOVE.	
0	٤,	5/	ein	-	n.O	1632 N	Coun	try C	lub		Dec. 3	, 1964
DEATH DUE TO	23A. ACCIDENT (SPECIEY) 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, SUICIDE FARM, FACTORY, STREET, OFFICE BLDG., ETC.)  PARM, FACTORY, STREET, OFFICE BLDG., ETC.)  NATURAL CAUSE									) (COUNTY)	(STATE)	
EXTERNAL	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) 23E. INJURY OCCURRED 23F. HOW DID INJURY OCCUR?											
VIOLENCE												
NER'S CATION	24A. CORONER'S SIGNA	TURE				24B. ADDR	ress				24C. DATE	SIGNED
ERAL	25A. BURIAL [] CREMATION REMOVAL []	258. DATE	e 1	···					25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)			
CTOR ND	26A. DATE REC.   26B		R'S SIGNAT		27.47F	UKERAL-DIE	ŖĘCTOR'S	SIGNA	TURE	<u>n</u> ∥ 27B. ADI	Arizona DRESS	On
TRAR	BY LOCAL REG.	Here	A La		ke Chr	le 13C	000	pe	7 /	angel	Home-L	uccor
F	ORM VS-2 REV. 5-9-60 - 50M 0	1		DEF	JAX Jen	LUB	COS	feel	70	ZOB. EME	RT. NO.	UY-A